

APPOINTMENT OF STATE PUBLIC DEFENDER

Court Name: _____

I hereby appoint the Office of the State Public Defender to represent:

Defendant Name: _____

Case Number: _____

Charges: _____

Defendant is in custody in the _____ County Jail.

Defendant's Address and Phone number is: _____

Dated this _____ day of _____, 20____.

Judge's Name: _____

For Regional Office Use Only

Assigned Attorney _____ FTE _____ Contracted _____ Conflict _____

Regional Authorization _____ Date _____

Assigned OPD# _____ Entered SABHRS _____

If this is a conflict case, fax or email this form to Eric Olson, Conflict Manager, (colson@mt.gov, 523-5141) and identify, if known, cases in conflict with this one:

Defendant _____ Attorney _____ OPD# _____

Defendant _____ Attorney _____ OPD# _____